

Delphi Vendor Entry Worksheet**** Bold/Yellow indicates required fields ******NAME:** _____ **PHONE:** _____ **DATE:** _____**E-MAIL ADDRESS:** _____**COMPANY CLASSIFICATION:** ☐ Small ☐ Large ☐ Disadvantage ☐ Women-Owned**SUPPLIER NAME:** _____ ☐ New ☐ Modifying**TAXPAYER ID:** _____ **DUNS or DUNS + 4 NO.** _____**CLASSIFICATION/TYPE:** ☐ No Cost Lease/Award ☒ Vendor ☐ Federal Agency**FEDERAL AGENCY LOCATION CODE (ALC):** _____ * For New Agencies**GENERAL:** Parent Supplier Name: _____

Tax ID Number: _____

ORGANIZATION TYPE: ☐ Corporation ☐ Government Agency
☐ Individual ☐ Partnership
☐ Foreign Corp / Govt Agency / Indiv / Partner
☐ Reimbursable Non-Govt (Supplier/Grant Sponsor/State & Local Govt)

CCR: VENDOR IS REGISTERED: ☒ Yes ☐ No**SUPPLIER SITES:** (Additional sites or additional Tax Reporting Address forward as attachment)☐ New ☐ Adding Site ☐ Modifying Site**Supplier Number:****Supplier Site Name:****Country:** United States**Other:** _____**Address** _____

_____**City:** _____**State:** _____**County:** _____**Zip Code:** _____**PAYMENT:** Payment Method: Electronic ☒ Check ☐ (Waiver Required)**TELEPHONE NUMBERS:****Purchasing Site** ☐ Pay Site ☐ Primary ☐

Voice (Area Code & Number) _____ - _____ - _____

Fax (Area Code & Number) _____ - _____ - _____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:

1. Last Name: _____ First: _____ MI _____
Title: _____ Telephone: _____ - _____ - _____

2. Last Name: _____ First: _____ MI _____
Title: _____ Telephone: _____ - _____ - _____

BANK:

Bank Name: _____

Account Name: _____

Bank ABA Routing No: _____

Account Number: _____

Account Type

Checking ☐Savings ☐